

Connecticut Department of Public Health  
Public Health Preparedness Program  
Healthcare Preparedness

**Tabletop Exercise  
Situation Manual**



Created by Tennessee Department of Health  
Adapted for use by the Connecticut Department of Health  
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*Please call the Office of Public Health Preparedness and Response for more information on this exercise at 860-509-8282.*

# Introduction

## Goal

This document is designed to assist in conducting Tabletop exercises to improve healthcare preparedness for building infrastructure and staff capacity for infectious disease outbreak responses.

## Exercise Objective

Improve preparedness for a response to a patient infected with Ebola Virus Disease presenting at a healthcare facility.

## Critical Planning Considerations

- Timely recognition and isolation
- Personal protective equipment use
- Protection of healthcare workers, patients, and visitors
- Proper reporting to the Tennessee Department of Health
- Information management both internal and external
- Surveillance, contact tracing, and movement monitoring
- Maintaining normal hospital operations
- Laboratory services coordination
- Environmental and waste management
- Patient transportation

## Background

Emerging outbreaks such as the 2014 Ebola Virus Disease (EVD) is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola Outbreaks have occurred sporadically since initial recognition in 1976. The disease is caused by infection with Ebola virus, named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized.

## Scope

This exercise scenario is based on an infectious disease outbreak of Ebola Virus Disease.

## HPP/PHEP Capabilities

Healthcare Systems Preparedness  
Emergency Operations Center Coordination  
Public Information and Communication  
Responder Safety and Health  
Information Sharing  
Non-Pharmaceutical interventions  
Laboratory  
Surveillance and Epidemiology

## Participants

**Players:** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.

**Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.

## Tabletop Exercise Structure

- Facilitators will provide a synopsis of the Ebola Virus Disease outbreak.
- Players will address discussion issues/questions or tasks as a provided.
- The tabletop will end, a hot wash will occur.

## Guidelines

- This tabletop will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Discussions are predicated on the basis of your knowledge of current plans and capabilities and insights derived from your training and experience.
- This tabletop is intended to be a learning environment for all participants. It is expected that experienced staff will share their knowledge and guide discussions.
- Discussion outcomes may serve to inform process/flow enhancements or changes as appropriate to improve the efficiency and effectiveness of information management and dissemination.

## Assumptions and Artificialities

In any tabletop, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and event discussions occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.

# Facilitation Information

## Scenario

A 23 year-old male presented to Emergency Department with a three-day history of fever (101.5), muscle pain and severe headache. His past medical history is unknown.

### Break for discussion: 15 minutes

*Using the fever and travel triage guidance document to determine if patient meets criteria for advanced screening and protection.*

*What symptom related questions would you ask this patient?*

*What travel history questions would you ask this patient?*

Upon further investigation, it is learned that the patient's illness started with light fever and aches, and that he recently arrived in Tennessee to attend college. His route from Sierra Leone included flights to London, JFK, BNA, and bus to his home. Patient stayed in his dorm room for three days feeling sick before presenting at the ED on day three.

### Break for discussion: 15 minutes

*Using the fever and triage guidance determine if patient meets criteria for advanced screening and protection.*

*What isolation procedures would be enacted?*

*What personal protective equipment measures have been considered for staff?*

*Who needs to be contacted with this information?*

*What contact tracing questions would you ask this patient?*

It is discovered through conversations with the roommate that the patient's brother, in Sierra Leone died from Ebola. Patient's roommate also is feeling bad with severe stomach cramping and is still in the dorm facilities. Connecticut Department of Public Health has been notified and contact tracing has begun. Patient has begun vomiting and fever remains elevated.

**Break for discussion: 15 minutes**

*What additional considerations need to be taken with patient's roommate?*

*What screening measures need to be taken?*

*What infection control requirements and instructions should be required for putting on and removing PPE?*

*What is current inventory of needed PPE?*

<http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>

Patients roommate has been found to have mild food poisoning, and epidemiological data has shown no second generation infections from exposure to this patient. Patient has continued to deteriorate. The Centers for Disease Control and Prevention (CDC) has been consulted and has recommended transport for this patient to another hospital to occur in twenty four hours.

**Break for discussion: 15 minutes**

*How would you prepare patient for transport?*

*How would you prepare to return to normal operations?*

*How would you manage and dispose of patient waste?*

**Hotwash**

Conduct a hotwash to identify issues brought up during this exercise. The purpose of the hotwash is to simply identify issues and not immediately address items that require future follow up.

**After Action**

De-identified results and lessons learned will be shared statewide. Once completed hospitals should fill out a DPH exercise reporting form and send it to DPH through normal reporting processes. A copy should be sent to [Jonathan.Best@ct.gov](mailto:Jonathan.Best@ct.gov) and [John.Stonoha@ct.gov](mailto:John.Stonoha@ct.gov)

*Please call the Office of Public Health Preparedness and Response for more information on this exercise at 860-509-8282*

# References

## 1. Steps for Putting on and Removing Personal Protective Equipment (PPE):



ppe-poster.pdf

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>

## 2. Laboratory Guidance for Ebola Specimens:



ebola-lab-guidance.pdf

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>

## 3. Ebola Preparedness Checklist for Hospitals:



hospital-checklist-ebola-preparedness.pdf

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>

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